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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL For FY 2008  Application Number   10/535,754-Conf. #9046   Filing Date   May 19, 2005   First Named Interview   May 19, 2005   First Named Interview   Vusel UKAWA   Examiner Name   J. S. Heyman   Applicant claims small entity status. See 37 CFR 1.27   Art Unit   2871   Art Unit   287	Under the Pag	erwork Reduction Act	or 1995, no pers	on are required to re	espono to a collectio				ontroi number.	
FEE TRANSMITTAL For FY 2008    Filing Date	FEE TRANSMITTAL				Complete if Known					
For FY 2008    First Named Inventor   Yusei UKAWA   Examiner Name   J. S. Heyman   J. S. Heels   J. S. S. S. J. S. Heels   J. S. Heels   J. S. S. Heels   J. S. Heels   J. S. S. Heels   J. S. Heels   J.							······			
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METHOD OF PAYMENT (check all that apply)										
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number. 02-2448 Deposit Account Name. Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  X Charge fee(s) indicated below  X Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) indicated below, except for the filing fee  X Charge fee(s) Fee					7 dt Offit					
Check Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   X   Charge fee(s) indicated below	TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attorney Docket No. US		941-1718PUS1			
Deposit Account   Deposit Account Number   O2-2448   Deposit Account Name   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)									
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Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) under 37 GFR 1.16 and 1.17   X   Credit any overpayments   X   Credit   X   Credit any overpayments   X   Credit any overpayments   X	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Tee(s) under 37 CFR 1.16 and 1.17										
Application Type										
Filling FEES   Small Emity   Fee (\$)   Fee (	FEE CALCULATION									
Samplication Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Application Type		i				EXAMINA				
Utility	Application Ty	pe Fee				Fee (\$)		Fees P	aid (\$)	
Design   210   105   100   50   130   65					·					
Plant	-				50	130	65			
Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  1	~				155	160	80			
Provisional   210   105   0   0   0   0	* *		-				310			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)										
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  1										
Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Required for continued examination (RCE) (see 37 810.00										
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  1	Each claim over 20 (including Reissues)								25	
Total Claims    Stria Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims	1								105	
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HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets										
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A. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY  Registration No. (Attorney/Agent) 43,368 Telephone (703) 205-8000										
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY  Registration No. (703) 205-8000  (Attorney/Agent) 43,368 Telephone (703) 205-8000	100 = /50 = (round up to a whole number) x =									
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SUBMITTED BY  Registration No. Taliforney/Agent) 43,368 Telephone (703) 205-8000	Non-English	Specification, \$1	30 fee (no sn	nall entity disco	unt)					
Registration No. TAttorney/Agent) 43,368 Telephone (703) 205-8000	Other (e.g., l	ate filing surcharge	e): 1801 Re	queet for conti	nued examina	tion (RCE)	(see 37	810	0.00	
(703) 203-6000	SUBMITTED BY		//							
	Signature	AN 1	/ //		Registration No. Attorney/Agent)	43,368	Telephone	(703) 205	-8000	
	Name (Print/Type)							Date March 19, 2008		